

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32300**

Registration District No. **279**

Primary Registration District No. **4415**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Pike**
(b) City or town **Clarksville** **Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME **Sarah Utilla Lyter**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced, **WIDOWED**

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if

alive. years

7. Birth date of deceased. **DECEMBER** **16th** **1863**
(Month) (Day) (Year)

8. AGE: Years **79** Months **8** Days **6** If less than one day
hr. min.

9. Birthplace **CLARKSVILLE** **MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE KEEPER**

11. Industry or business

12. Name **LUTHER R. CROW**

13. Birthplace **BURTON** **KENTUCKY**
(City, town, or county) (State or foreign country)

14. Maiden name **JACKSON**

15. Birthplace **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Erick M. Lyter**

(b) Address **321 S. 2nd St., Quincy, Ill**

17. (a) **Quincy** (b) Date thereof **Aug 22 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Quincy Cemetery**

18. (a) Signature of funeral director **Harry Barrow**

(b) Address **Clarksville Mo**

19. (a) **August 24/43** **Florus W. Blunt**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pike**
(c) City or town **Clarksville**
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **22**
year **1943** hour **10:20** minute **20 A.M.**

21. I hereby certify that I attended the deceased from
July 1st 1942 to August 22 1943
that I last saw her alive on **August 22 1943**
and that death occurred on the date and year stated above.

Immediate cause of death **myocarditis and**
heart valvular disease **2mo.**
chronic

Due to **934**

Due to

Other conditions **Hepatitis - arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings: **and Hypertension**
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Sam Buchanan** (M. D. or other)

Address **Clarksville Mo** Date signed **8/24/43**

1275 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 9-43-1575

Date Filed SEP 16 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Harry Carroll

Licensed Embalmer No. 2439

P. O. Address Clarksville, Ga

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.